

Alabama Tank Trust Fund

Payment Request Forms

Submittal of Payment Requests

The Department requires that all Payment Requests (Application for Reimbursement) for costs of response actions shall be submitted in the format established by the Department and described in this guidance. The Payment Requests can only be submitted after the completion of pre-approved phases of work. The Department requires written documentation of the activities conducted be submitted prior to or concurrently with the submittal of a Payment Request.

Proper Forms

The Department will only accept payment requests which are submitted on current "Alabama Tank Trust Fund Payment Request" Forms, Part I, II, and III. No modifications to the forms are allowed. Alabama Tank Trust Fund Contractors may reproduce the form on their own computer system provided the form they reproduce is formatted in the same manner the Alabama Tank Trust Fund form is formatted and the type size and format are identical to the ADEM form. Submittal of in-house generated payment request forms which are either altered or the presentation is not similar to ADEM's will be returned to the owner/operator and/or Alabama Tank Trust Fund Contractor without review.

Where and When to Submit the Payment Requests

When to Send in the Payment Request

The Department requires payment requests to be submitted **within one year of the date of the approval of the associated cost proposal** to be eligible for payments from the Alabama Tank Trust Fund. Submittal of costs which were incurred greater than one year before the submittal of the payment request will not be eligible for reimbursement, unless otherwise determined by the Department.

Payment Requests can only be submitted after completion of the work associated with the payment requests. Each payment request should have a previously approved cost proposal which corresponds to the work activities performed.

Where to Send in the Payment Request

All payment requests are to be submitted to the ADEM Montgomery Office and should be submitted to the attention of the P&S Administrative Section. Submit complete Payment Requests to:

Alabama Department of Environmental Management
ATTN: P&S Administrative Section
Post Office Box 301463
Montgomery, Alabama 36130-1463

How many copies of a Payment Request should be submitted?

Only two signed and properly completed Payment Requests should be submitted to the ADEM.

Payment Request Review Process

Upon receipt of a Payment Request, the initial review of the Payment Request is conducted by the P&S Administrative Section. The initial review includes a detailed evaluation of the invoices submitted, a determination of reasonable rate charges, a determination of approved costs, and verification of the \$5,000 proof of payment, when applicable.

If the initial review reveals that unreasonable costs have been charged, unapproved charges have been made, invoices are inadequate, there is no proof of the owner's \$5,000 deductible or the payment request forms have been improperly completed, the owner will be contacted for further information or the costs in question will be denied for payment.

Costs which exceed the pre-approved amount authorized in the associated Cost Proposal will then receive

a technical review by the UST Corrective Action Unit Project Manager to determine if the proposed costs are eligible for reimbursement. The Project Manager will concurrently review the submitted technical report associated with the Payment Request. Upon completion of the payment request and technical review, eligible costs will be approved and payment will be issued to the owner/operator or the Alabama Tank Trust Fund Contractor.

Proof of Payment of Deductible

The owner or operator must provide 'Proof of Payment' for the first \$5,000 of eligible response action costs. A canceled check must accompany the first payment request submitted for processing. If a canceled check is unobtainable, a notarized statement that the owner/operator has paid the first \$5,000 of eligible expenses may be submitted. Failure to provide the proof of payment will result in denial of the payment request until the proof of payment is provided. The Department will notify all owners and operators if the proof of payment is not included in the first payment request. It will be the owner or operator's responsibility to submit additional information to the Department in a timely manner so that the payment request can continue to be processed.

Invoices

The Department requires invoices be provided for every item submitted for reimbursement. Alabama Tank Trust Fund Contractors must submit personnel invoices documenting the charges being made to the owner or operator by the Alabama Tank Trust Fund Contractor. In addition, all charges for well drilling, analytical costs, equipment rental or purchase, and other applicable items must be presented. Itemized time sheets are not required as long as the invoices document the time periods for which the charges were incurred.

All invoices should be legible and must represent the actual charges being made to the owner and operator. Failure to supply proper invoices will result in delay of the payment request processing or complete denial of those costs.

Payment Request Review Time Frames

When possible, the Department will review submitted Payment Requests and begin issuance of the reimbursement check within sixty (60) days of receipt of the Payment Request. However, if Payment Requests are submitted which are incomplete or contain ineligible costs, the issuance of reimbursement will be delayed due to the increased labor efforts required to review the Payment Request.

Payment Requests which are deficient will be placed in an inactive status until the deficiency is addressed. If the deficiency is not addressed in a timely manner, the Department will either deny the payment request or make partial payment.

Items Which Will Cause Delays in Processing the Payment Requests

The following items will cause delays in the processing of a submitted payment request:

1. Failure to submit the payment request on approved ADEM payment request forms.
2. Submittal of costs which exceed the reasonable rates established by the Department.
3. Inclusion of ineligible costs on the payment request forms.
4. Failure to provide the detailed information as requested on the forms.
5. Failure to sign the payment request.
6. Failure to submit invoices as supporting documentation.
7. Failure to submit proof of the owner's required \$5,000 deductible.
8. Submittal of ineligible invoices or forms.

Questions Regarding the Payment Requests

Upon review of a payment request, the Department will issue a reimbursement for eligible costs. The Owner/Operator has a fifteen (15) day period from receipt of the check to present information to the Department to justify any disallowed costs.

Initial questions regarding any disallowed costs may be directed to the P&S Administrative Section. Information which justifies disallowed costs must be submitted in writing to the P&S Administrative Section Staff at the following address:

Alabama Department of Environmental Management
ATTN: P&S Administrative Section
Post Office Box 301463
Montgomery, Alabama 36130-1463

For detailed, line-by-line instructions on how to fill out the payment request forms see Section VIII.7. of the ADEM UST Guidance Manual.

**ALABAMA TANK TRUST FUND
PAYMENT REQUEST
PART I**

I.1. PAYMENT REQUEST INFORMATION:

PAYMENT REQUEST NUMBER: _____	DATE OF PAYMENT REQUEST (mm/dd/yy): _____
UST OR AST INCIDENT NUMBER: _____ - _____ - _____	FACILITY I. D. NUMBER: _____ - _____ - _____

I.2. FACILITY INFORMATION:

FACILITY NAME:
FACILITY ADDRESS:

I.3. OWNER INFORMATION:

OWNER NAME:
OWNER ADDRESS:
EMPLOYER TAX NUMBER (IRS):

I.4. RESPONSE ACTION CONTRACTOR INFORMATION:

APPROVED RESPONSE ACTION CONTRACTOR NAME:
APPROVED RESPONSE ACTION CONTRACTOR ADDRESS:
PROJECT CONTACT:
EMPLOYER TAX NUMBER (IRS):

I.5. DESIGNATION OF PAYMENT:

NAME OF PERSON OR FIRM TO WHOM PAYMENT IS TO BE MADE:			
ADDRESS:			
ADEM USE ONLY	CONTRACTOR/OWNER NUMBER:	VOUCHER NO:	APPROVED PAYMENT

I.6 ACTIVITY INFORMATION:

INDICATE BELOW THE ACTIVITIES FOR WHICH THE COST PROPOSAL IS SUBMITTED:

<input type="checkbox"/> SITE STABILIZATION	<input type="checkbox"/> ARBCA DATA ACQUISITION PLAN
<input type="checkbox"/> PRELIMINARY INVESTIGATION	<input type="checkbox"/> ARBCA TIER 1 EVALUATION
<input type="checkbox"/> SECONDARY INVESTIGATION	<input type="checkbox"/> ARBCA TIER 2 EVALUATION
<input type="checkbox"/> DEVELOP CORRECTIVE ACTION PLAN	<input type="checkbox"/> ARBCA TIER 3 EVALUATION
<input type="checkbox"/> CORRECTIVE ACTION	<input type="checkbox"/> OTHER: _____
<input type="checkbox"/> PROVISION OF ALTERNATIVE WATER SUPPLY	
<input type="checkbox"/> FREE PRODUCT REMOVAL	
<input type="checkbox"/> GROUNDWATER MONITORING	
<input type="checkbox"/> STOCKPILE SAMPLING/MGMT/DISPOSAL	

PROVIDE COMPLETION DATE FOR THIS PHASE OF WORK ACTIVITIES:

LIST MAJOR ACTIVITIES CONDUCTED DURING THIS PHASE OF WORK TO INCLUDE:

NUMBER OF HAND AUGER BORINGS: TOTAL DEPTH: _____ TOTAL FEET: _____

TOTAL NUMBER OF SOIL BORINGS: TOTAL DEPTH: _____ TOTAL FEET: _____

BORINGS CONVERTED TO TEMPORARY MWs:

TOTAL DEPTH: _____ TOTAL FEET: _____

BORINGS COVERTED TO PERMANENT MWs:

TOTAL DEPTH: _____ TOTAL FEET: _____

OTHER ACTIVITIES:

INDICATE PROVISION OF ALTERNATE WATER SUPPLY (WHERE APPLICABLE):

TYPE OF TEMPORARY SUPPLY BEING PROVIDED:

TYPE OF PERMANENT ALTERNATE WATER SUPPLY PROVIDED:

I.7. SUBCONTRACTOR INFORMATION:

INDICATE SUBCONTRACTORS USED DURING THIS WORK PHASE:

NAME	SERVICE PROVIDED

I.8. PRIOR ACTIVITY INFORMATION:

INDICATE SERVICES CONDUCTED AT SITE PRIOR TO THIS WORK PHASE:

I.9. CERTIFICATION OF UNINTENTIONAL RELEASE OF MOTOR FUEL:

I certify that an unintentional release has occurred from a motor fuel underground or aboveground tank system at this site.

OWNER OR OPERATOR SIGNATURE:

TYPED OR PRINTED NAME AND TITLE:

DATE OF SIGNATURE:

I.10. CERTIFICATION OF REASONABLE AND ELIGIBLE COSTS:

I certify that to the best of my knowledge and belief that the costs presented herein represent actual costs incurred in the performance of response actions at this site during the period of time indicated on this application; and that no charges are presented as part of this application that did not result from the performance of response actions which were necessary due to the release of motor fuels at this site.

OWNER OR OPERATOR SIGNATURE:

TYPED OR PRINTED NAME AND TITLE:

DATE:

CONTRACTOR'S SIGNATURE:

TYPED OR PRINTED NAME AND TITLE:

DATE:

(BOTH OWNER OR OPERATOR AND CONTRACTOR MUST SIGN CERTIFICATION FOR REQUEST TO BE PROCESSED)

I.11. CERTIFICATION OF PAYMENT:

SIGNATURE MUST BE PROVIDED IN EITHER ITEM 1. OR 2. BELOW FOR THIS REQUEST TO BE PROCESSED.

1. *I certify that all costs incurred under this payment request have been paid to the contractor.*

OWNER OR OPERATOR SIGNATURE:

TYPED OR PRINTED NAME AND TITLE:

DATE:

THE ABOVE CERTIFICATION WILL RESULT IN A CHECK WRITTEN TO THE OWNER OR OPERATOR.

2. *I certify that all costs incurred under this payment request have not been paid to the contractor.*

OWNER OR OPERATOR SIGNATURE:

TYPED OR PRINTED NAME AND TITLE:

DATE:

THE ABOVE CERTIFICATION WILL RESULT IN A CHECK WRITTEN TO THE CONTRACTOR.

I.12. TRUST FUND OBLIGATION INFORMATION:

TOTAL OF PREVIOUSLY APPROVED PAYMENT REQUESTS =

TOTAL PAYMENT REQUESTED TO DATE (Approved payment requests plus amount proposed in this request) =

ESTIMATED PERCENT COMPLETION OF PROJECT:

I.13. PAYMENT REQUEST AMOUNT:

	PROPOSED	FOR ADEM USE ONLY	
		ADJUSTED	APPROVED
Payment Request, Sum of Items 1 - 8 on Summary of Charges Form:			
Owners Required Contribution for UST Release (\$5,000):			
Owners Required Contribution for AST Release (\$10,000):			
TOTAL OF THIS PAYMENT REQUEST:			

I.14. ADEM APPROVAL SIGNATURES:

APPROVED FOR PAYMENT

NAME

DATE

I, _____, ADEM Director, certify that all costs incurred under this payment are due and payable.

PART II

ALABAMA TANK TRUST FUND SUMMARY OF CHARGES

	PROPOSED COST	FOR ADEM ADJUSTED	USE ONLY APPROVED
1. SITE STABILIZATION			
Personnel	_____	_____	_____
Field Equipment & Rentals	_____	_____	_____
Mileage	_____	_____	_____
Per Diem	_____	_____	_____
Drilling	_____	_____	_____
Analytical	_____	_____	_____
Office Expenses	_____	_____	_____
Capital Expenses	_____	_____	_____
Waste Treatment/Disposal	_____	_____	_____
SUBTOTAL =	_____	_____	_____
2. FREE PRODUCT RECOVERY			
Personnel	_____	_____	_____
Field Equipment & Rentals	_____	_____	_____
Mileage	_____	_____	_____
Per Diem	_____	_____	_____
Drilling	_____	_____	_____
Analytical	_____	_____	_____
Office Expenses	_____	_____	_____
Capital Expenses	_____	_____	_____
Waste Treatment/Disposal	_____	_____	_____
SUBTOTAL =	_____	_____	_____
3. CONTAMINATION ASSESSMENTS			
Personnel	_____	_____	_____
Field Equipment & Rentals	_____	_____	_____
Mileage	_____	_____	_____
Per Diem	_____	_____	_____
Drilling	_____	_____	_____
Analytical	_____	_____	_____
Office Expenses	_____	_____	_____
Capital Expenses	_____	_____	_____
Waste Treatment/Disposal	_____	_____	_____
SUBTOTAL =	_____	_____	_____

ALABAMA TANK TRUST FUND SUMMARY OF CHARGES

	PROPOSED COST	FOR ADEM ADJUSTED	USE ONLY APPROVED
4. CORRECTIVE ACTION PLAN DEVELOPMENT			
Personnel			
Field Equipment & Rentals			
Mileage			
Per Diem			
Drilling			
Analytical			
Office Expenses			
Capital Expenses			
Waste Treatment/Disposal			
SUBTOTAL =			
5. CORRECTIVE ACTION ACTIVITIES			
Personnel			
Field Equipment & Rentals			
Mileage			
Per Diem			
Drilling			
Analytical			
Office Expenses			
Capital Expenses			
Waste Treatment/Disposal			
SUBTOTAL =			
6. RISK ASSESSMENT			
Personnel			
Field Equipment & Rentals			
Mileage			
Per Diem			
Drilling			
Analytical			
Office Expenses			
Capital Expenses			
Waste Treatment/Disposal			
SUBTOTAL =			

ALABAMA TANK TRUST FUND SUMMARY OF CHARGES

	PROPOSED COST	FOR ADEM ADJUSTED	USE ONLY APPROVED
7. ALTERNATE WATER SUPPLY			
Personnel	_____	_____	_____
Field Equipment & Rentals	_____	_____	_____
Mileage	_____	_____	_____
Per Diem	_____	_____	_____
Drilling	_____	_____	_____
Analytical	_____	_____	_____
Office Expenses	_____	_____	_____
Capital Expenses	_____	_____	_____
Waste Treatment/Disposal	_____	_____	_____
SUBTOTAL =	_____	_____	_____
8. OTHER (Describe)			
_____	_____	_____	_____
Personnel	_____	_____	_____
Field Equipment & Rentals	_____	_____	_____
Mileage	_____	_____	_____
Per Diem	_____	_____	_____
Drilling	_____	_____	_____
Analytical	_____	_____	_____
Office Expenses	_____	_____	_____
Capital Expenses	_____	_____	_____
Waste Treatment/Disposal	_____	_____	_____
SUBTOTAL =	_____	_____	_____
GRAND TOTAL (ITEMS 1 - 8) =	_____	_____	_____

PART III

Complete and submit forms "A" through "J" as applicable to the site activities. Additional copies of forms may be submitted when necessary.

ALABAMA TANK TRUST FUND PERSONNEL ITEMIZATION FORM "A"

Field and/or office personnel are charged as billable rates per employee. Description of job and number of hours for each major job task must be itemized on 'Personnel Itemization Form "B" '.

Maximum allowable billable rates and total personnel costs will be based on the Department's comparison of rates and total costs to other comparable and reasonable rates.

TITLE	CONTRACTOR INVOICE NO.	BILLABLE RATE	TOTAL HOURS	TOTAL COST
PLAN/REPORT PREPARATION (Includes Project Management)				
		X	=	
		X	=	
		X	=	
		X	=	
			Subtotal	= 0
FIELD WORK				
		X	=	
		X	=	
		X	=	
		X	=	
		X	=	
			Subtotal	= 0
TRAVEL				
		X	=	
		X	=	
		X	=	
		X	=	
			Subtotal	= 0
CP PREPARATION				
		X	=	
		X	=	
			Subtotal	= 0
PR PREPARATION				
		X	=	
		X	=	
			Subtotal	= 0
TOTAL PERSONNEL COSTS				= \$ <u> </u>

ALABAMA TANK TRUST FUND PERSONNEL ITEMIZATION FORM "B"

Itemize number of hours for each major job task performed or proposed and the description of the job task for individuals listed on the Personnel Itemization Form "A".

[illegible]

TOTAL NUMBER OF HOURS = _____ LENGTH OF PROJECT = _____

ALABAMA TANK TRUST FUND FIELD EQUIPMENT/ACTIVITIES ITEMIZATION FORM "C"

Include any field equipment which is proposed or was used to perform work. Equipment may be rented from the Trust Fund Contractor or a Subcontractor.

Also include the cost for miscellaneous field materials such as bailers, rope, drums, etc.

Rental rates will be reimbursed at the rate referenced on the current "Alabama Tank Trust Fund Reasonable Rate Schedule".

DESCRIPTION OF EQUIPMENT	CONTRACTOR INVOICE NO.	NO. OF DAYS USED	COST PER DAY	TOTAL COST
		X	=	
		X	=	
		X	=	
		X	=	
		X	=	
		X	=	
		X	=	

TOTAL FIELD EQUIPMENT = \$ _____

Include any field activities which are proposed or were performed. To include items such as excavation equipment costs or other related field costs.

FIELD ACTIVITIES SUBJECT TO PASSTHROUGH CHARGES	CONTRACTOR INVOICE NO.	NO. OF UNITS USED	COST PER UNIT	TOTAL COST
		X	=	
		X	=	
		X	=	
		X	=	
		X	=	

SUBTOTAL = \$ _____

SUBTOTAL X 5% = \$ _____

TOTAL FIELD ACTIVITIES = \$ _____

GRAND TOTAL - FIELD EQUIPMENT AND FIELD ACTIVITIES = \$ _____

ALABAMA TANK TRUST FUND MILEAGE ITEMIZATION FORM "D"

No rental vehicle charges will be accepted.

Maximum allowable rates are referenced on the current "Alabama Tank Trust Fund Reasonable Rate Schedule".

[illegible]**TOTAL MILEAGE COST**

= \$

ALABAMA TANK TRUST FUND PER DIEM ITEMIZATION FORM "E"

Per diem allowed for Alabama Tank Trust Fund Contractor Personnel Only

Maximum allowable rates are referenced on the current "Alabama Tank Trust Fund Reasonable Rate Schedule".

[illegible]

TOTAL PER DIEM COST \$

ALABAMA TANK TRUST FUND DRILLING ITEMIZATION FORM "F"

Maximum allowable rates are referenced on the current "Alabama Tank Trust Fund Reasonable Rate Schedule".

DESCRIPTION OF EACH ACTIVITY	TYPE OF RIG	UNIT PRICE	TOTAL
------------------------------	-------------	------------	-------

Invoice Number(s): _____

Mobilization/Demobilization

$$\frac{\text{Rate}}{\text{miles} \times \$ \text{ /mile}} = \$$$

Drill soil borings with ____ inch I.D. Hollow stem augers, split spoon samples at 5 ft. intervals, abandon borehole

Table 1

\$ _____ /ft x _____ ft = \$

"Driven point" technology ('Geoprobe', 'Hydropunch', etc.)

Figure 1. A schematic diagram of the experimental setup. The subject was seated in front of a computer monitor. The monitor displayed a target (a red dot) and a starting point (a green dot). The subject was instructed to move the hand from the starting point to the target. The distance between the starting point and the target was 10 cm. The subject was instructed to move the hand at a constant speed. The distance between the starting point and the target was 10 cm. The subject was instructed to move the hand at a constant speed.

As applicable (per hole,
per day, etc.)

= \$

Drill and install 2 inch MWs, take split spoon samples at 5 ft. intervals

\$ _____ /ft x _____ ft = \$ _____

Drill and install 4 inch MWs, take split spoon samples at 5 ft. intervals

\$ _____ /ft x _____ ft = \$ _____

Drill and install telescoping well(s), take split spoon samples at 5 ft. intervals

\$ _____ /ft x _____ ft = \$

Drill and install groundwater recovery wells

\$ _____ /ft x _____ ft = \$

Monitoring well abandonment

100

\$ _____ /ft x _____ ft = \$ _____

Subsistence allowance (overnight only)

Age Group	Percentage
18-24	10%
25-34	20%
35-44	25%
45-54	20%
55-64	15%
65-74	10%
75-84	5%
85+	5%

\$____/day x ____ man days = \$_____

SUBTOTAL = \$

*Pass through charge for subcontractors only
Subcontractor invoices must be attached*

SUBTOTAL x 5% = \$

DRILLING TOTAL COST = \$

SUPPLY THE FOLLOWING INFORMATION FOR EACH BORING OR WELL INSTALLED:

IDENTIFICATION NUMBER OR NAME AND DIAMETER	DEPTH	COST PER FOOT	COST PER HOLE
		X	=
		X	=
		X	=
		X	=
		X	=
		X	=
		X	=
		X	=
		X	=
TOTAL DRILLING COST			= \$

ALABAMA TANK TRUST FUND ANALYTICAL ITEMIZATION FORM "G"

No rush charges will be accepted unless prior approval by ADEM is granted.

Maximum allowable rates are referenced on the current "Alabama Tank Trust Fund Reasonable Rate Schedule".

ANALYTICAL METHOD	CONTRACTOR INVOICE NO.	SUBCONTRACTOR INVOICE NO.	NUMBER OF TESTS	COST PER TEST	TOTAL
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SOIL ANALYSES:

			X \$	=
			X \$	=
			X \$	=
			X \$	=
			X \$	=
			X \$	=
			X \$	=
			X \$	=

WATER ANALYSES:

			X \$	=
			X \$	=
			X \$	=
			X \$	=
			X \$	=
			X \$	=
			X \$	=
			X \$	=

OTHER:

			X \$	=
			X \$	=
			X \$	=
			X \$	=
			X \$	=
			X \$	=
			X \$	=
			X \$	=
			X \$	=

SUBTOTAL =

Pass through only allowed for subcontracted work

SUBTOTAL X 5% =

TOTAL ANALYTICAL COST =

ALABAMA TANK TRUST FUND OFFICE EXPENSES ITEMIZATION FORM "H"

Items eligible for listing include shipping of equipment and samples, long distance phone charges, permit charges, and other miscellaneous office expenses deemed eligible.

[illegible]

TOTAL OFFICE EXPENSES =

ALABAMA TANK TRUST FUND CAPITAL EXPENDITURE ITEMIZATION FORM "I"

List only those items which are purchased specifically for dedicated use at this site.

Items to include dedicated submersible pumps for groundwater/free product recovery, wastewater treatment equipment, etc.

[illegible]

SUBTOTAL = _____

Pass through for eligible purchases only

SUBTOTAL X 5% = _____

TOTAL OF CAPITAL EXPENDITURES =

ALABAMA TANK TRUST FUND WASTE DISPOSAL/TREATMENT ITEMIZATION FORM "J"

List charges for items such as soil disposal, purge water or aquifer test water treatment, free product disposal, etc. Not applicable to long term groundwater treatment or in-situ soil treatment activities.

[illegible]

SUBTOTAL = _____

Pass through for subcontractor work only

SUBTOTAL X 5% =

TOTAL WASTE TREATMENT/DISPOSAL COST =